11-18-04PART B - FEE(S) TRANSMITTAL omplete and send this form, together with a cable fee(s), to: Mail Mail Stop ISSUE I Commissioner for Patents P.O. Box 1450 NOV 1 7 2004 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax ASTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unjustated orders are indicated unjustated orders. The property of th Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 09/09/2004 7590 STEVEN J HENRY Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. C/O WOLF GREENFIELD & SACKS FEDERAL RESERVE PLAZA 600 ATLANTIC AVENUE (Depositor's name BOSTON, MA 022102215 11/19/2004 DEMMANU2 00000010 09480223 (Signature) (Date) 01 FC:1501 1370.00 OP ATTORNEY DOCKET NO. CONFIRMATION NO FIRST NAMED INVENTOR APPLICATION NO. FILING DATE G0631/7010 4079 SEAMUS PAUL WHISTON 09/480,223 01/10/2000 TITLE OF INVENTION: METHOD FOR FORMING A DMOS DEVICE AND A DMOS DEVICE TOTAL FEE(S) DUE DATE DUE **ISSUE FEE** PUBLICATION FEE APPLN. TYPE SMALL ENTITY 12/09/2004 \$0 \$1330 NO \$1330 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS 2813 438-302000 THOMPSON, CRAIG 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list WOLF, GREENFIELD & SACKS (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Analog Devices, Inc. Norwood, Massachusetts Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

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November 17, 2004

Authorized Signature

Steven J. Henry Typed or printed name \_

27,900 Registration No.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Seamus Paul Whiston et al

Serial No:

09/480,223

Confirmation No.:

4079

Filed:

January 10, 2000

For:

METHOD FOR FORMING A DMOS DEVICE AND A DMOS DEVICE

Examiner:

Craig Thompson

Art Unit:

2813

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

[x] Issue fee transmittal

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If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617)720-3500, Boston, Massachusetts.

A check in the amount of \$1,370 is enclosed for the filing fee. If the fee is insufficient, the balance may be charged to Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully Submitted,

Steven J. Henry

Reg. No. 27,900

Wolf, Greenfield & Sacks, P.C.

600 Atlantic Avenue

Boston, MA 02210-2211

(617) 720-3500

Docket No.

G0631.70010 US00

Date:

November 17, 2004

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